## Best Available Copy

									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  R 1)-2+6+9													9		
		CLAIMS AS		ILED - PART I (Column 1) (Column						ENTITY OF		OTHER THAN SMALL ENTITY			
TC	TAL CLAIMS		24					RATI	Ξ	FEE		RATE	FEE	ĺ	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	EE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			24 minus 20=		. 4			X\$ 9	=		OR	X\$18=	72		
INDEPENDENT CLAIMS			4 <b>%</b> minus 3 =		12			X40=			OR	X80=	160	80	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135	_		OR	+270=		ľ	
* If	the difference	in column 1 is	less than zero, enter "0" in columi			olumn 2		TOTA			on	TOTAL	<del> </del>	ł	
CLAIMS AS AMENDED - PART II											J	OTHER	THAN	1	
	TOO I WE SHOULD BE MADE IN	(Column 1)		(Colu		(Column 3)			SMALL ENTITY		OR	OR SMALL ENTITY			
AMENDMENT A	• • • • • • • • • • • • • • • • • • •	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA		RAT	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	<u> </u>	Minus	***		=	] [	X40=	= }		OR	X80=	:		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					Ц_	]	+135	_		OR	+270=			
TOTAL : ADDIT. FEE												TOTAL		ł	
(Column 1) (Column 2) (Column 3)											<b>J</b> OI1	ADDIT. FEE		1	
AMENDMENT B		CLAIMS		HIGH	HEST		1			ADDI-	1	· · ·	ADDI-	ł	
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	=	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9:	=		OR	X\$18=			
	Independent	•	Minus	***		=	1 I	X40=				X80=	·		
┖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	700-	<del></del> ,	l	
								+135			OR	+270=			
							,	TOT ADDIT. F			OR	TOTAL ADDIT. FEE		ļ	
(Column 1) (Column 2) (Column 3)															
AMENDMENT C	٠.	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	1	X\$ 9=			OR	X\$18=	1 2 2	1	
	Independent	•	Minus	***		=	]	X40=		i		X80=		1	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	700=		ł	
+135=												+270=		-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box												TOTAL ADDIT. FEE			
	The "Highest Nun	nber Previously Pai	o For" (Total o	rindepend	lent) is the	nighest numb	er fou	nd in the	арр	ropriate box	k in co	lumn 1.			

50